Date	Received	

City of Madison Application for Board/Committee

PERSON	AL INFO	RMATION				
Title	Last		First		Middl	е
Address			Zip			
Home Telep	hone	Work Telephone	FAX		E-mai	1
EDUCAT						
		Name		Yea	r	Degree
High School	ol					
College						
Post Gradu	ate					
COMMU	NITY AC	ΓΙVITIES (use attac	chment if necessa	rv)		
Year		Organization	Position		Hon	ors/Awards/Accomplishments
EMPLOY	MENT H	ISTORY (use attach	nment if necessary	<i>i</i>)		
Year		Organization				rs/Awards/Accomplishments
*Please att	ach resume					
Trease att	acii resume	•				
REFERE		at least three City o			ow you)	
	Name	I	Add	ress		Telephone Number

STATEMENT OF INTEREST (use attachment if necessary)

List any City of Madison board or committees on which you currently serve or on which you have served in the past:

Years	Board/Committee	Positions Held
• •	c boards or committees on which you desire to se	rve (if this is a general application,
Explain your re	ason(s) for applying for membership on a City of	Madison board or committee:
	est important personal traits that would help you be	e an effective member of a board or
List any other a	bilities, knowledge, or experience that qualify you	to serve on a board or committee:
Have you ever l explain.	been convicted of a felony or charged with an act	involving moral turpitude? If yes,
	y relatives (current or previous) employed by the	City of Madison? If yes, provide name
I cartify that the	foregoing statements are true and correct and aut	horize the City of Medicon to
•	eferences listed and to secure additional informati	•
Date	Signature	

Notice: The City of Madison does not discriminate against any person on the basis of race, color, religion, sex, national origin, age, or handicap in any of its educational or employment programs or practices.

Applications will be kept on file in the City Clerk-Treasurer Department one year from date of submission.